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Assistant Commissioner for Patents  
Washington, D.C. 20231

### CERTIFICATE OF MAILING BY "EXPRESS MAIL"

**Attorney Docket No. :** SALKINS.012CP1

**Applicant(s) :** Chory et al.

**For :** RECEPTOR KINASE, BIN1

**Attorney :** James J. Mullen III, Ph.D.

**"Express Mail"**

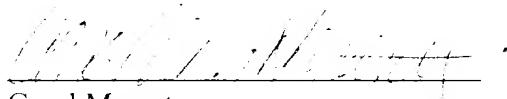
**Mailing Label No. :** EL 842 759 669 US

**Date of Deposit :** March 30, 2001

I hereby certify that the accompanying

Transmittal; Specification in 52 pages; 6 sheets of drawings; Sequence Submission in 1 page; Sequence Listing in 10 pages; Compact Disk (CD) with data identical to the Sequence Listing; Check for Filing Fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

  
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## ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Joanne Chory and Li Jianming**For: **RECEPTOR KINASE, BIN1**

Enclosed are:

(X) 6 informal sheet(s) of drawing.

(X) Sequence Submission in 1 page; Sequence Listing in 10 pages; Compact Disk (CD) with data identical to the Sequence Listing in the application.

(X) The CD was prepared on an IBM-PC, using MS-Windows, and has 1 file entitled, "SEQLIST.TXT," of 94 kbs, and was created on 03/20/01.

(X) Return prepaid postcard.

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

## CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$355	\$355
Total Claims	12 - 20 -	-0- x	\$9	\$-0-
Independent Claims	2 - 3 -	-0- x	\$40	\$-0-
If application contains any multiple dependent claims(s), then add			\$135	\$-0-
<b>TOTAL FILING FEE</b>		\$355		

(X) A check in the amount of \$355 to cover the filing fee is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

(X) Please use Customer No. **20,995** for the correspondence address.

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